1884.	58	91				
tion or Docket Number						

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Numb

Effective October 1, 1996  845 497											16			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI	L ENTITY	OR		R THAN L ENTITY	114
FO	R		NUMB	ER FILED	1	NUMBER	EXTRA	7	RATE	FEE	]	RATE	FEE	1
BASIC FEE								385.00	OR		770.00	1		
TOTAL CLAIMS 22 minus 20 = * 1)					]	x\$11=		OR	x\$22=	44	10			
INDEPENDENT CLAIMS 3 minus 3 =							x40=		OR	x80=	77	1		
MU	LTIPLE DEPEN	DENT CLA	MM PRE	ESENT	-,-,-			ٍ لِ	+130=		OR	+260=		1
* #	the difference in o	odlumn 1 is i	ess than	zero, enter °0°	in column 2	!	•	•	TOTAL	1	1	TOTAL	814	1
		CLAIM (Colum		AMENDE		Γ <b>II</b> ımn 2)	(Column 3)			L ENTITY	OR	OTHE	R THAN	
AMENDMENT A		CLAI REMAI AFTI AMEND	NING ER				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 2	2	Minus	" X	2	=		x\$11=		OR	x\$22=		
ME	Independent	. 1	<u>)</u> .	Minus	/	3	= .		x40=.		OR	x80=		
۹	FIRST PRE	SENTATIO	ON OF	MULTIPLE	DEPEND	DENT CL	AIM		+130=		OR	+260=		BESI
RCE (Column 1) (Column 2) (Column 3)							- I	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
AMENDMENT B		CLAII REMAII AFTE AMENDI	NING ER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	AVAILABLE
203	Total	. 3	5	Minus	- 28	2	= 3	]	x\$11=		OR	x\$22=	150, ec	4
ME	independent	ئ •	3	Minus	<b></b> 3		=	1	x40=		OR	x80≃	150,	CO
4	FIRST PRE	SENTATIO	ON OF	MULTIPLE	DEPEND	ENT CL	MIM	1	+130=		OR	+260=		OPY
		(Colum	n 1)		(Colun	nn 2)	(Column 3)	Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	150,00	~
AMENDMENT C		CLAIN REMAIN AFTE AMENDA	IING R		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q.	Total	•		Minus	••		=		x\$11=		OR	x\$22=		
ME	Independent	•		Minus	***		=		x40=		OR	x80=		
4	FIRST PRES	SENTATIO	N OF	MULTIPLE	DEPEND	ENT CLA	IM	<b> </b>	+130=		OR	+260=		
*** if t	he entry in colum he "Highest Nurr he "Highest Nurr e "Highest Numt	10er Previou 15er Previou	usty Paic usty Paic	1 For IN THIS 1 For IN THIS	SPACE is I	less than 2	A anta- #30 *	AC	TOTAL DIT, FEE	riate box in c	OR A	TOTAL DDIT. FEE		

FORM PTO-875